



Michigan Department of Environmental Quality, Office of Waste Management and Radiological Protection

**MOTOR CARRIER REGISTRATION RENEWAL FOR THE UNIFORM PROGRAM
APPLICATION FOR LIQUID INDUSTRIAL BY-PRODUCT
TRANSPORTATION**

Required by Part 121, Liquid Industrial By-Products, Part 111, Hazardous Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended and the Hazardous Materials Transportation Act, 1998 PA 138.

REVIEW THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION

Part I. Registration Application

1. Applicant name:	2. FEIN number: 2a. Michigan Tax ID number:
3. Mailing address: (including zip code): 3a. Email Address:	4. Street address, if different (include zip code):
5. Person to contact concerning this application: 5a. Contact title:	6. Contact phone: 6b. Contact email: 6a. Contact FAX:
7. USDOT Motor Carrier No.(Required for all interstate transporters):	8. Federal EPA Transporter Identification No./Site ID Number:
9a. Do you transport hazardous waste: ____ Yes ____ No 9b. If yes, identify all permits and licenses associated with hazardous waste transport:	9c. Do you transport hazardous material: ____ Yes ____ No 9d. Do you transport used oil: ____ Yes ____ No
10. Emergency phone number at which the carrier can be contacted (including answering machines or voice mail):	
11. Information provided on this application covers the previous 12 month period: Calendar Year 20____ or Fiscal Year--From _____ to _____	
12. FLEET INFORMATION a. Average number of power units owned, leased or operated for the time period indicated in Part I, Item 11, ____ Under 10,000 lbs. GVW ; ____ At or above 10,000 lbs. GVW b. Percentage of all transportation activity involving LIBP: _____ c. Percentage of all transportation mileage in Michigan: _____	

Part III: General Application Certifications

I understand that as the **owner/officer** of this company any information contained in this application may be verified through either a desk audit or on-site audit.

If this is a renewal of a current permit, I certify that, to the best of my knowledge there are no changes to the information which was originally provided in Part II. If changes have occurred in Part II, I have checked the box below and listed the changes in the space provided.

I, the undersigned, swear and affirm that the statements, documents and certifications in this application and attachments are true and correct. Additionally, the removal, transportation and disposal of Liquid Industrial By-Product will be done in accordance with the requirements of Part 121, Liquid Industrial By-Products, Michigan Compiled Laws (MCL) 324.12101 et seq. and Part 111, Hazardous Waste Management (Used Oil), MCL 324.11101 et seq. of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and any administrative rules promulgated. I understand and affirm the authority of the Department of Environmental Quality, the Department of State Police, Department of Natural Resources, or the local law enforcement agency to perform reasonable inspections on transportation vehicles, equipment, and facilities.

Name (Owner/Officer)
(Please type or print)

Title

Telephone

Signature

Date

False statements may violate state law, may incur penalties, and may invalidate the registration and permit form.

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Changes to Part II (Current Permit Renewal Only)

LIST PART II CHANGES BELOW:

It is strongly recommended that you visit the FMCSA web site to review your company's security procedures against these recommended strategies. <http://www.fmcsa.dot.gov/>

THIS APPLICATION IS FOR ANNUAL REGISTRATION RENEWALS ONLY
NOT FOR PERMIT RENEWALS OR NEW APPLICANTS

For online payment of fees, please go to
<https://www.thepayplace.com/mi/deg/liqwaste/billpreview.aspx>

When paying online, please mail a copy of the payment receipt and the ORIGINAL application form to the following address. DO NOT MAIL CHECKS TO THIS ADDRESS:

Ms. Sandra Ray
Michigan Department of Environmental Quality
Office of Waste Management and Radiological Protection
27700 Donald Court
Warren, Michigan 48092

To pay by check, please mail this application, Attachment A, and appropriate fees to:

CASHIERING
MICHIGAN DEPARTMENT of ENVIRONMENTAL QUALITY
PO BOX 30657
LANSING MI 48909

For questions relating to this application or to liquid industrial by-product, please contact Ms. Sandra Ray at 586-753-3850 or RAYS1@michigan.gov, or Jeanette M. Noechel at 586-494-5091 or NOECHELJ@michigan.gov